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PTO/SB/81 (01-08)

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Application Number	10/627,286
Filing Date	July 24, 2003
First Named Inventor	William T. Rogers
Title	Electromagnetic Brain Animation
Art Unit	3735
Examiner Name	John P. Lacyk
Attorney Docket Number	

I hereby revoke all previous powers of attorney given in the above-identified application.

I hereby appoint:

☐ Practitioners associated with the Customer Number:

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☒ Practitioner(s) named below:

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as my/our attorney(s) or agent(s) to prosecute the application identified above, and to transact all business in the United States Patent and Trademark Office connected therewith.

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<input checked="" type="checkbox"/> Firm or Individual Name	The Behavior Research Institute			
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I am the:

☒ Applicant/Inventor.

☐ Assignee of record of the entire interest. See 37 CFR 3.71.
Statement under 37 CFR 3.73(b) is enclosed. (Form PTO/SB/96)

SIGNATURE of Applicant or Assignee of Record

Signature	<i>William T. Rogers</i>	Date	Feb. 12, 2007
Name	William T. Rogers	Telephone	210-408-7639
Title and Company	Director, Behavioral Medicine, Behavior Research Institute		

NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one signature is required, see below.